Department of Labor and Industries

This form must be completed by a Vocational Rehabilitation Counselor who has received a referral from the state fund.

**** Counselor is responsible for sending
a copy of this form to each vendor ****



1st 52 WEEK PERIOD TRANSPORTATION COST ENCUMBRANCE

Original	Modification
-	

Claimant:					Date Claim		n Number		
	Vendor Name	Vendor Name	Vendor Name	endor Name			Total		
Billing Category and Code	Provider No.	Provider No.	Provider No.	rovider No.			L&I Funds		
Mileage - 0301R									
Parking - 0302R									
Bridge & Ferry Tolls - 0303R									
Commercial Transportation - 0304R									
Vendor Funds Allocated									
Dates of Service	From: To:	From: To:	From: To:						
» » » » » » » » » » » » Total L&I Transportation Funds Allocated in 1st 52 Weeks:									
Mileage Calculation									
Address training site A Address training site B									
			- -						
1st, Miles in a round trip (Worker's street address to site A by most direct route).			1st, Miles in a round trip (Worker's street address to site B by most direct route).						
2nd, Multiply miles by the actual training days.					y miles by the a	ctual			
3rd, Multiply total in line 2 by current reimbursement rate			3rd, Multiply total in line 2 by current reimbursement rate			rrent			
Reimbursement to site A =			Reimbursement to sit						
Total reimbursement requested (Site A+Site B) =									
NOTICE: Please attach a copy of this form to the Injured Worker's Travel Expense Voucher form (yellow),									
when submitting for reimbursement. Company			Phone No		FAX No				
Assigned Vocational Counselor:			Signature				,		
For Dept. Use Only									
Vocational Services C		Phone No.		Signature					
Approved Approved Approved									